## **Privacy Procedure**





**POLICY:** See L-02 Request to Amend Protected Health Information Policy, at www.cosdcompliance.org.

**DEFINITIONS:** See HHSA Policy L-30.

## **PROCEDURES:**

- A. Request: An individual must submit the request to amend their Protected Health Information (PHI) in writing and give a reason for the request. This may be done using County form (HHSA Form 23-03).
- B. Review: The HHSA Program that receives the request shall respond no later than sixty (60) calendar days after the request was received. If the Program does not believe it can respond within sixty (60) days, the Program shall notify the Agency Privacy Officer (APO) before the forty-fifth (45<sup>th</sup>) day. Any notice that the Program will take longer than sixty (60) calendar days to respond must be provided to the individual within sixty (60) calendar days of receiving the request in a format approved by the APO.
- C. Grounds for Denial: The Program may deny an individual's request for an amendment as follows:
  - 1. The individual making the request does not have the authority to do so (See HHSA Policy L-27).
  - 2. The PHI was not created by the part of HHSA subject to HIPAA or was created outside of HHSA. The information may be amended, however, if the individual provides a reasonable basis on which to believe that the originator of the PHI is no longer available to act on the requested amendment;
  - 3. The PHI is not part of the official client record;
  - 4. The PHI would not otherwise be available to the individual for inspection. (See HHSA Policy L-1); or
  - 5. The PHI that the individual has asked to be amended is accurate and complete.
- D. Notice: The Program shall inform the individual whether the amendment has been accepted or denied.
  - 1. If accepted in whole or in part, the Program shall:
    - a. Make the appropriate amendment.
    - b. Seek the individual's agreement to notify those persons or entities that the Program knows have the PHI that is subject to amendment; and
    - c. Make reasonable efforts to notify those persons or entities that the individual has requested.
  - 2. If denied in whole or in part, the Program shall inform the individual in writing. This notice shall be approved by the APO and shall include the option for the individual to provide a written statement of disagreement with the Program's decision.

- E. Future Disclosures of Amendment Information: In the event an individual has requested an amendment to their PHI and when the Program provides that PHI to other persons or entities in the future, the Program will provide either the information included in the client's record pertaining to the amendment request (e.g. amended record, individual's written statement of disagreement and County's rebuttal, or individual's request and County's denial), or at the Program's election, an accurate summary of information relating to the requested amendment.
- F. Notice to County by Other Entities of Amended PHI: If an HHSA Program is informed by another agency of an amendment to an individual's record, the Program must identify the records that are affected by the amendment and make the appropriate changes.
- G. Documentation: All correspondence and associated documentation related to amendments, including denials, must be maintained for a minimum of six (6) years.

QUESTIONS/INFORMATION: HHSA Privacy Officer at 619-338-2808